

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information

1. Name and Mailing Address of Respondent

Level 3 Communications, LLC
1025 Eldorado Blvd., Broomfield, CO 80021☐ Check here if this
is a change of
address.

2. Year Report Filed

2017

3. Reporting Period (Ending Date of Pay
Period Covered by Report)

January 14, 2017

4. Number of Full-Time Employees during Selected
Reporting Period (check one):

- a.
- ☐
- Fewer than 16 (complete Sections I, IV, and V only)
-
- b.
- ☒
- 16 or more (complete all sections)

SECTION II - Full-Time Employees.

Job Categories		Number of Employees (Report employees in only one category)														Total Columns. A - N
		Race/Ethnicity														
		Hispanic or Latino		Not-Hispanic or Latino												
				Male							Female					
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	
Executive/Senior Level Officials and Managers	1.1	2	0	28	0	0	3	1	0	4	0	0	1	0	1	40
First/Mid-Level Officials and Managers	1.2	52	28	742	21	3	40	8	6	290	8	1	11	2	6	1,218
Professionals	2	163	117	2,101	141	9	226	17	44	1,063	119	6	117	13	36	4,172
Technicians	3	201	31	1,299	219	6	93	32	53	264	45	2	24	10	17	2,296
Sales Workers	4	41	23	656	29	3	21	4	14	293	16	1	14	7	7	1,129
Administrative Support Workers	5	7	36	80	10	0	5	1	2	199	17	1	10	5	7	380
Craft Workers	6	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	7	7	0	14	6	0	2	0	1	1	0	0	0	1	1	33
Laborers and Helpers	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	10	473	235	4,922	426	21	390	63	120	2,114	205	11	177	38	75	9,270
PREVIOUS YEAR TOTAL	11	470	217	4,740	390	23	368	60	111	2,003	196	11	163	36	58	8,846

SECTION III - Part-Time Employees.


Job Categories		Number of Employees (Report employees in only one category)													
		Race/Ethnicity													
		Hispanic or Latino		Not-Hispanic or Latino											
				Male						Female					
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races
		A	B	C	D	E	F	G	H	I	J	K	L	M	N
Executive/Senior Level Officials and Managers	1.1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1.2	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Professionals	2	0	0	0	0	0	0	0	0	2	0	0	0	0	2
Technicians	3	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Sales Workers	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	5	1	1	0	0	0	0	0	0	3	0	0	0	0	5
Craft Workers	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	10	2	1	0	0	0	0	0	0	6	0	0	0	0	9
PREVIOUS YEAR TOTAL	11	1	1	1	0	0	0	0	0	2	0	0	0	0	5

SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.

- ☐ This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.
- ☒ This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.

SECTION V - Certification

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

Date 05/31/2017	Typed or Printed Name of Person Signing Diane L. Peters	Signature 	Telephone No. (585) 255-1425
Title of Person Signing Sr. Regulatory Affairs Manager		WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	

Level 3 Communications, LLC

Red = Closed

[illegible]